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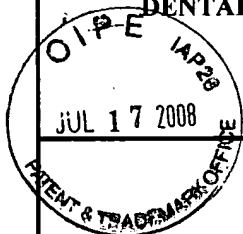
TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT
(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.
25266-101943

In Re Application Of: **Derek Turner**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/539,741 /	1/19/2006	Mai, Hao D.	28886	3732	5881

Title: **DENTAL HANDPIECE**



Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

37 CFR 1.97(b)

1. ☐ The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

37 CFR 1.97(c)

2. ☒ The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:

☐ the statement specified in 37 CFR 1.97(e);

OR

☒ the fee set forth in 37 CFR 1.17(p).

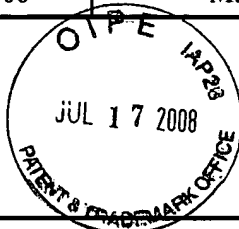
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Title: **DENTAL HANDPIECE**



Payment of Fee

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☐ A check in the amount of _____ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 50-1759 as described below.
- ☒ Charge the amount of **\$180.00**
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fa
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Certificate of Mailing by First Class Mail

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on
<u>7/15/2008</u> (Date)
<u>Linda J. Hoggarth</u> Signature of Person Mailing Correspondence
Linda J. Hoggarth Typed or Printed Name of Person Mailing Certificate

*This certificate may only be used if paying by deposit account

J. S. Paranjpe
Signature

Dated:

7/15/08

Jay S. Paranjpe, Reg. No. 45,486
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CC:



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit: 3732

Applicant: Derek Turner

Serial No: 10/539,741

Filing Date: January 19, 2006

Title: DENTAL HANDPIECE

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This statement and Form PTO-1449 are submitted pursuant to the provisions of 37 CFR 1.97 and 1.98(a) as a means of complying with the requirements of 37 CFR 1.56 with respect to the above-captioned patent application.

If the Examiner has any questions regarding this Information Disclosure Statement or patent application, the Examiner is invited to contact the undersigned.

Respectfully submitted,

By:

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Detroit, MI 48226-3435
(313) 965-8897

Dated: 7/15/08

Attorney Docket No: 25266-101943

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